| STATE OF MARYLAND- | -CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (59) |
| County Ceres | Registration Dist. No. 9 2 |
| Village or City Cherry Lee | No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,m | |
| 2. FULL NAME Alfred T. Aberno | ath of |
| (a) Residence: No. Cherry \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4, COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | MEDICAL CERTIFICATE OF DEATH |
| Male White OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIEE of | 22. I HEREBY CERTIFY. Thet I alternded deceased from |
| (or) WIFE of Florence W Abernating | - heb 7, 1934, to Feb 8 19.36 |
| 6. DATE OF BIRTH (month, day, and yeer) Nov. 21 187 | I last sew h_ elive on |
| 7. AGE Years Months Days If LESS then | to have occurred on the dete stated ebove, et |
| 61 2 18 1 dey, hrs | The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were os follows: Date of onest |
| 8. Trede, profession, or parlicular kind of work done, as SPINNER. | Celitic media |
| kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Oete deceesed lest worked et 11. Totel time (years) | any mean |
| work was done, es SILK MILL, SAW MILL, BANK, etc. | |
| 10. Oete deceesed lest worked et this occupation (month end spant in this occupation occupation | |
| 12. BIRTHPLACE (city or town) Harford Co Zand. | Other Contributory Causes of importances |
| (State or country) | - Commession 30h |
| 13. NAME J. P. a Fernatty | |
| 13. NAME 14. BIRTHPLACE (city or town) Story and Co Und | Name of operation Dete of |
| (State of country) | What test confirmed diegnosis? Wes there en eutopsy? |
| 15. MAIDEN NAME LUGAL fore Whitefore 16. BIRTHPLACE (city or town) About and Co und | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| | Accident, suicide, or homicide? |
| Stete or country) | Where did injury occur? (Specify city or town, county end State) |
| 17. INFORMANT J COLOUCE W UTERNSThy (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place & Kurry Will Gernatey Oate 7 6 12 - 34, 19 | Manner of injury |
| 19. UNDERTAKER TO CANADA TO THE CONTROL OF THE CONT | 24. Wes disease or injury In any way releted to occupetion of deceased? If so, specify |
| 20, FILED JE6 12, 1934 Bours (Bogy | (Signed) M. C. Carolinello M. E. |
| Hegistrar. | (Address) (Address) (Address Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BURGAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | La guille de la constante de l |
| | | | |

V. S. No. 1 ä

| carefully supplied. AGE should be stated EAACLUI. FILISICIANS should state | Carefully supplied. AGE should be stated E.A.G. L. F. F. F. E. Should state I'M in plain terms, so that it may be properly classified. Exact statement of OCCUPA | orvant. See instructions on back of certificate. |
|--|--|--|
|--|--|--|

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | 01459 |
|----------|-------------------------------|-------|
| | | |

| 1. PLACE OF DEATH | | 34) | 1. |
|--|---|---|----------------|
| County Ceeil | | Registration Dist. No. | 90 |
| Village or City Cecilot Length of residence In city or town where or | | No. death occurred in a horpital or institution, give its NAME instead of LO ds. How long in U.S. if of foreign birth?yrs. | |
| 2. FULL NAME Char | les B. Baile | | |
| (a) Residence: No. | (Usual place of abode) | St., Ward. If nonresident give city o | town and State |
| PERSONAL AND STATIST | ICAL PARTICULARS | MEDICAL CERTIFICATE OF D | EATH |
| 3. SEX 4. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Jebuary 11 (Month) (Day | (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sanosaus | Baily | 22. I HEREBY CERTIFY, That Jan 1th 1934, to Feb I last saw have an ative on Feb 13th | 1474, 19.34 |
| 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months | Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at 12:10.Qm. The PRINCIPAL CAUSE OF DEATH end related causes of Imporwere as follows: | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Palour | Syphilis agumma of the brain | 1902 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | 11. Total time (years) | cerebral himonkage | 3 day a |
| this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) | spent in this occupation | Other Contributory Causes of importance: Acute methodics | Jan 6-19 |
| 13. NAME Gruis Ba 14. BIRTHPLACE (city or town) (State or country) | ily nd. | Name of operation | Date of |
| 15. MAIDEN NAME Passes 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) | Douglas nd, Bajlay | 23. If death was due to external causes (VIOLENCE) fill in elso the Accident, suicide, or homicide? Date of injuments of the Mere did Injury occur? (Specify city or town, courselfy whether injury occurred in INDUSTRY, in HOME, or in INDUSTRY, in INDUSTR | ury, 19 |
| 18. BURIAL, OREMATION, OR REMOVAL Place IS flower Consenses | Mate 2/14 ,1934 | Manner of injury | |
| 19. UNDERTAKER July Hoff (Address) Casillard | hage miles | 24. Was disease or injury in any way related to occupation of de If so, specify (Signed) A, R. Cruce | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I The principal cause of death and related causes of importance were as follows: | | Example II | |
|---|-------------|--|---------------|
| | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUDEAR V. S. | . 13 | | |
| Other contributory causes of importance: | 1 1 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| 1 | | | |
| | | | |

| ADDITIONAL SPACE FOR | FURTHER STATEMENTS BY PHYSICIAN | |
|----------------------|---------------------------------|--|
| 11/10 | | |
| 10. | | |
| '3 | | |

V. S. No. 1

| M |) | Y, PHYSI- ed. Exact |
|---------------|---------------------------|---|
| S | RECORD | ed EXACTLY |
| D FOR BINDING | HIS IS A PERMANENT RECORD | iled. ACE should be stated EXACTLY, PHYSI- ms so that it may be properly classified. Exact |
| D FOR | HIS IS A I | lied. ACE |

| PLACE OF DEATH County Cucl | STATE OF MARYLAND CERTIFICATE OF DEATH |
|---|--|
| 00 00 | Registration Dist. No. |
| Village or City Cherapeane Maly Boy Ba | St.; Ward) (if death occurred in a hospital or institution, give its NAME in stead of street an number.) |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Wile white Single, Married, Sugle Wildowschafeld (Write the word) | 16 DATE OF DEATH Tebruary 12, 1934 2 (Month) 13 (Day) (Year) |
| Jebruary 12, 934 | HEREBY CERTIFY, That I attended the deceased from |
| (Month) (Year) (Year) 7 AGE | and that death occurred on the date stated above, at |
| O yrs. O mos. O ds. or o min. | The CAUSE OF DEATH + was as follows: |
| 8 OCCUPATION (a) Trade, profession or particular kind of work | Stellow |
| (b) General nature of industry business, or establishment in which employed or (employer) | (Duration)yrsde |
| 9 BIRTHPLACE (State or country Plusokeolie City Ki) | Contributory Secondary |
| 10 NAME OF Albut Battush | (Signed) June Maria M. D. |
| State or country) Chesopeabelet his. | State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether |
| of MOTHER Vivia Kattings Carlton 13 BIRTHPLACE | Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) |
| OF MOTHER (State or Country) Thiladelphin a. | At place of deathmosds. In the Stateyrsmosds Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | if not at place of dea.h? |
| (Informant) Clibert dallerby | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| (Address) Chuaprohe lib will | Bethe bernetury Feb 12, 103" |
| Filed 2/12 1934 B. Howard Brown Registras | 20 UNDERTAKER H. W. P. Spin Elhton Md. |
| If more blanks are needed, address State Registra | ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. |

1.4 1.00

(Approved by U.S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Former (retired 6 3/18). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, er," etc., Without more processing etc. Wom-laborer, Form loborer, Loborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (o) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed greed in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesmon. (b) Automobile factory. The materia. (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphlhcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumoniu, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopmeumonia (secondary), telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carpolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi Chronic valvular heart disease; ctc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| 1. PLACE OF DEATH | 90 |
|--|--|
| County Cecif | Registration Dist. No. 9/ |
| Village or City Chesapeake City | NDSt., Ward |
| / ()f | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME John Davis Benson | |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX \ 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH Z |
| OR DIVORCED (write the word) | Tebruary? 1934 |
| 5a. If married, widowed, or divorced | probably Febr 5 (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 2. MEREBY CERTIFY, That I attended deceased from |
| | , 19, to, 19, |
| 6. DATE OF BIRTH (month, day, and yeer) March 10, 1856 | I last saw h; death is sald |
| 7. AGE Years Months Days If LESS than 1 dayhrs. | to heve occurred on the date stated ebove, etm. |
| 77 /0 1 day | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | fragery body formal July 27 1934; |
| SAWYER, BOOKKEEPER, etc. Juste Collector | lder the probably occurred three |
| 9. Industry or business in which work was done, as SILK MILL, | weeks ago from exposure |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and | |
| this occupation (month and spant in this occupation | |
| Caril Con A | Other Coutributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Cally Colomby (State or country) | Trovally partial paralyses |
| 13. NAME Benjami Benson | |
| E 1 P 1 A | Name of assertion |
| (State or country) | Name of operation Date of What test confirmed diagnosis? Wes there an au'opsy? |
| 15. MAIDEN NAME Elegnon Consoler | 23. If death was due to external causes (VIDLENCE) fill in also the following: |
| E POPA | Accident, suicide, or homicide? Date of Injury 19 |
| O 16. BIRTHPLACE (city or town) Celet Carryly (Stete or country) | Where did injury occur? |
| h. 1.1m 1 Breeze | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, |
| 17. INFORMANT Ches a peake lat his | aposity whose mjery occurred in the detail, in home, of the delice report, |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Bethel Cemelanate Many 1, 19.34 | Nature of Injury |
| X// Piph. | 24. Was disease or Injury in any way related to occupation of deceased? |
| 19, UNDERTAKER NUMBER (Address) | If so, specify |
| 3/1 2/1 2/12 | (Signed) I Wilney Trager, Coroner 100 |
| 20. FILED 1987 138 1 JAMAN Registrar. | (Address) Elitate Ind |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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| Ex | cample I | | Example II | |
|--------------------------------|----------------|---------------|--|---------------|
| of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | The way | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | деп з 1934 | July5,1927 | Peritonitis | 3 days ago |
| | BEDGALLV. | | | |
| Other contributory causes | of importance: | gatel | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

V. S. No. 1

| | CERTIFICATE OF DEATH 01462 |
|---|--|
| 1. PLACE OF DEATH | 82-0 |
| County Ceel | Registration Dist. No. 92 |
| Village or City Lellun (H | NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city optown where death occurredyrs,mos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME George J. Bruce | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wildow | 21. DATE OF DEATH 786 2 , 193 4 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Day) (Year) |
| (or) WIFE of Sarah E, Lotumon | 22. JHEREBY CERTIFY, That I attended deceased from 31, 1934, to 326 2, 1938 |
| 6. DATE OF BIRTH (month, day, and year) FEL 4-1865 | I last saw h alive on 3/ ,193 k; death is said |
| 7. AGE Years Months Days It LESS than | to have occurred on the date stated above, at 9 - 17 - m. |
| 68 // 29 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this pocupation (month and spent in this pocupation). | Cerebral apoplexy 1/31/34 |
| work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) Cecil 6. 2nd. (State or country) | Other Contributory Canses of importance: |
| 13. NAME Fronk Bruce | |
| 13. NAME From Bruce 14. BIRTHPLACE (city or town) (State or country) | Name of operation |
| 15. MAIDEN NAME mon torotte | What test confirmed diagnosis? Was there an autopsy? |
| 16. BIRTHPLACE (city or town) 2nd. (State or country) | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT Mory J. Mc Care, Doughler (Address) 1 Kingsville md. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, GREMATION, OR REMOVAL Place South East mad Date FLb 6, 1934 | Manner of injury |
| 19. UNDERTAKER PIJ- July (Address) Sneuganti Dul | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILEB Fele 3. 1994 Baus Frages Registrar. | (Signed) Herbert Bolo M. D. (Address) Elklori 2nd - |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10 .- The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | i de | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY, WITH

TION is very important. See instructions on back of certificate.

STATE OF MARYI AND CERTIFICATE OF DEATH

| STATE OF MARTLAND | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | (8) |
| County | Registration Dist. No. 46 |
| Village or City Port & Law | Ward |
| Length of residence in city or town where death occurredyrs | (If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Still Bon | , Caix |
| | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Nole 4. COLOR OB BAGY 5. SINGLE, MARRIED, WIDOWEL OR DIFFERENCE (write the word | JEG: L- 1934 |
| 5a. If married, widowed, or divorced HUSBAND of | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| A1/04.2.17 7 | , 19 , to , 19 , 19 , 19 , 19 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h. (? a death is said |
| 7. AGE Year Months Days If LESS that I day, | |
| ormin. | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | A118 190m- |
| 9. Industry or business in which | 6 |
| work wes done, as SILK MILL, SAW MILL, BANK, etc | Promatine 77 mm |
| Spell till till 2 | 1 00 10-009 |
| year)occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) PON NEWSCOT | |
| (State or country) | <u> </u> |
| 13. NAME FLORISEY VEST | |
| 13. NAME + arrey / Fest | Name of operation |
| (Stere of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Wildred H. Cacin 16. BIRTHPLACE (city or town) Part Separet | 23. If deeth wes due to external causes (VIOLENCE) fill in also the following: |
| | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT MUSICAL ST. CHILL. (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manager of Indian |
| end Vestuattingland 106 319 | Manner of injury |
| The delite | 1/1 |
| 19. UNDERTAKER (Address) | 24. Was disease or Injury in any way related to occuration of deceased? |
| 2/2/ 3/1 /2 + 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | (Signed) OALOWSON MOD |
| 20. FILED 7 37 , 19 Registrar | |
| | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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| Example I | 11 | Example II | | |
|--|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cercbral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| | | UECELAED | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | 2 |
| County County | Registration Dist. No. 96 |
| Village or City OCHOO | St., Ward |
| Length of residence in city or town where death occurred yrspros | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME TILL DOTH | r. Campbell |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SENGLE, MARRIED, WIOOWED, ON DIVORCED (capric the word) | 21. DATE OF DEATH (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Feb - 15-1934 | liast saw h. 4. m allograd - GEb-15 1934 death is said |
| 7. AGE Years Months Days If JESS than | to have occurred on the date stated above, at 5.15.2 m. |
| tell Blow or nin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fellows: |
| 8. Jrade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. | Premature (5/2 mis) Date of onset |
| Kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | At in Big |
| | /full kinner. |
| year) occupation | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | |
| 14. BIRTHPLACE (city or town) The Reconstruction of the Reconstruc | |
| 14. BIRTHPLACE (city or town) | Name of operation |
| (State of confloys | What test confirmed diagnosis? Was there an autopsy? |
| I 15. MAIDEN NAME COLORS FERNA CHIANTEL | 23. If death was due to external causes (VIOLENCE) fili in also the following: |
| 15. MAIOEN NAME CLEAR VERNA MINISTER 16. BIRTHPLACE (city or town) (State or cognitry) | Accident, suicide, or homicide? |
| 17. INFORMANT. Le lea Caurt berl (Address) FOT DE LOS MUC | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Buriage Place Correspondenting Date 7/6, 1934 | Manner of injury |
| 19. UNDERTAKER Eldied Campfeel | 24. Was disease or Injury in any way related to occupation of deceased? |
| (Address) 100 Port Separt, Cud. | If so, specify |
| 20. FILEO 19 Seristrar. | (Signed) POLY SER OUT SUE |
| If more blanks are needed, address State Registrar | 24TI N Charles Street Relimore Perusana 71 S No - |

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Example II Example 1 The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 01465 |
|--|--|
| 1. PLACE OF DEATH | 3 |
| County | Registration Dist. No. |
| Village or City ATTARON | Arto. St. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | ds How long in U. S. if of for ign birth? yrs. mos. ds. |
| 2. FULL NAME ALL NOW" | 1. Campbell. |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3.4. 1 4. COLOR OFFRACE 5. SINGLE MARRIED. WIDOWED. | MEDICAL CERTIFICATE OF DEATH |
| Mell white Or Divorces during the word | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| Del 15311 | A 19 10 0 15 7 19 19 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw h. 1. The allege of the first said |
| 7. AGE Years Months bys If LESS than Lday, hrs. | to have occurred on the date stated above, at 4: 30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| Me min. | were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) | Premotive 5/2 tuos. |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | A. A. |
| SAW MILL, BANK, etc | Mill Both - |
| this occupation (month and spent in this year) | |
| Dotto 1. 1 | Other Contributory Causes of importance: |
| 12, BIRTHPLACE (city or town) (State or country) | |
| # 13. NAME / NO VELOCIONAL | |
| 13. NAME 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| # 15. MAIDEN NAME Lellow Verya Surptel | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Port School | Accident, suicide, or homicide? Date of injury 19 |
| 16. BIRTHPLACE (city or town) POX September (State or country) | Where did injury occur? |
| 17. INFORMANT. Allian Couples | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL CREMATION, OR BEMOVAL , Bur | Manner of Injury |
| Placethry Country Date 7 16 , 1934 | Manner of injury |
| 19 UNDERTAKER Blazed amplell | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) For DE Novir, and | If so, specify |
| 20. FILED 19 To Flouders. | (Signed) Suson 4, M. D. |
| Registrat. | (Address) FOUT Tripoct led |
| If more blanks are needed address State Registrate | 247 N. Charles Street Relimon December 31 C N |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cercbral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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| | 1. PLACE OF DEATH County Cecil | Registration Dist. No. |)() |
|--|---|--|---------------------|
| | Village or City Cecilton (If | No. St., death occurred in a hospital or institution, give its NAME instead of street and number) | |
| ACTION OF THE PERSON OF THE PE | | ds. How long in U.S. if of foreign birth?yrsmos St., Ward. | ds. |
| - | (Usual place of abode) | If nonresident give city or town and State | |
| 3 | PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE NALE S. SINGLE, MARRIED, WIDOWED, OR PIVORCED (write the word) | 21. DATE OF DEATH Lebruary (Month) (Day) (Your Month) | 4 |
| 5 | a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wester & Cannaw | 22. I HEREBY CERTIFY. That I attended decease | |
| - | DATE OF BIRTH (month, day, and year) /2 / \$ / 850 AGE Years Months Deys If LESS than 1 day,hrs. | I last saw h alive on Factor 13 m, 19 34; death to heve occurred on the date stated above, at 15 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance | |
| NOIL | 8. Trade, profession, or particular kind of work done, as SPINNER, Plansher, SAWYER, BOOKKEEPER, etc. | were as follows: Authoriselessosis Date of | olonsot 25 25 |
| NOTTENTION | | Coronary embolism | |
| 1 | 2. BIRTHPLACE (city or town) A Redesire klown (State or country) Carelo Ca and | Other Contributory Causes of importance: Chance cystatis 19 | د ي م |
| 047 | 13. NAME Edwin & Carnaw | | |
| FATE | 14. BIRTHPLACE (city or town) Suranamo Co, Jud. | Name of operation Date of | |
| MOTHER | | . What test confirmed diagnosis? | |
| | 7. INFORMANT Ellen C. Camman (Address) Cecelton Ma. 8. BURIAL, CREMATION, OR REMOVAL | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. | |
| | Place Caillon Cameley Date 2/18/ 1934 | Manner of Injury | |
| 1 | 9. UNDERTAKER John & Coffage (Address) Chillen Mg. | 24. Was disease or injury in any way related to occupation of deceased? | ~ |
| 2 | 10. FILED Play 15, 1934 Down | (Signed) A. R. Cruehley (Address) Ceculton, Md. | M. D. |

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| RUREAU V. S. | - 40 - 40 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 01467 |
|---|--|
| 1. PLACE OF DEATH | 92:0 |
| County Ce Cil | Registration Dist. No. 92 |
| Village or City Elkton | No. St., Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs |
| 2. FULL NAME Caroling m Cava | naugh |
| (a) Residence: No. W 7 Ligh | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Marriel | 21. DATE OF DEATH JEL 7 (Month) (Day) (193 (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Cavariangh | 22. I HEREBY CERTIFY, That I attended deceased from 15, 193 4, to 7, 193 4 |
| 6. DATE OF BIRTH (month, day, and year) The 10 1865 | I last saw here alive on 3 % 7 ,193 %; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 68 9 27 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. | Chronic Mysearditio + |
| 9 thdustry or business in which work was done, as SILK MILL. | Induce dita; |
| SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (city or town) Colora | Other Contributory Causes of importance: |
| (State or country) May Laure | / |
| 1 / / | |
| (State or country) | Name of operation Date of |
| 5. MAIDEN NAME Sarah PR Rausey | What test confirmed diagnosis? |
| 16. BIRTHPLACE (city or town) Colora (State or country) Man Rund | Accident, suicide, or homicide? |
| 17. INFORMANT John T. Cavarraugh (Address) Elkton Ind | Where did injury occur? |
| 18. BURIAL, CREMATION, OR REMOVAL We place nothing hem Cambin Date Heby 10, 1934 | Manner of Injury |
| 19. UNDERTAKER F. W. Pittin (Address) Elkhon my | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED FELO 9- , 1949 Fram Frage V Registrar. | (Signed) Herbert Bolo M. D. (Address) Lekton 2nd |
| If more blanks are needed, address State Registrar | 2411 N Charlet Street Baltimore Requesting 71 S No - |

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 1 week ago Arteriosclerosis Attack of epilepsy Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis July 5, 1927 Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

of OCCUPA.

Exact statement

| STATE | OF | MADVI | AND- | -CERTIF | ICATE | OF | DEATH |
|-------|----|-------|------|---------|-------|----|-------|
| SIAIL | OF | MARYL | ANU- | -CERIII | ICAIL | UL | DEAID |

01468

| | 1. PLACE OF DEATH | (107-11) |
|--------------|--|--|
| 3 | County Cecil | Registration Dist. No. |
| / | Village or City north East | NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) |
| | Length of rasidence in city or town where death occurredyrs,mos. | |
| | 2. FULL NAME Sarah . R. Clark | |
| | (a) Residence: No. The East (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temple While Widowed | 21. DATE OF DEATH 3. (Month) (Day) (Year) |
| | 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of | 22. Jan 28 34 to Feb 3, 1934 |
| ate. | 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | I las saw here alive on 3 3, 1934 death is sald to have occurred on the date stated above, at 3 P.m. |
| certificate | 69 43 13 1 day, | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| Jo | 8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9-Industry or business in which work was done as SILK MILL. | Bracks Premeria 1/30/34 |
| back | SAW MILL, BANK, etc. | |
| uo su | 10. Date deceased last worked at this occupation (month and year) | Othar Coutributory Causes of importance: |
| instructions | 12. BIRTHPLACE (city or town) & lb Mech (State or country) | Office and a Garage to Tana 1930 |
| nstr | 13. NAME John Jennington | |
| See | 14. BIRTHPLACE (city or town) Elk Newk (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| at. | 15. MAIDEN NAME docure Putter | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| important | 16. BIRTHPLACE (city or town) Elle neck (State or country) | Accident, suicide, or homicide?, 19, 19, 19, 19, 19 |
| is very | 17. INFORMANT John Cofark (Address) North East P. 19 Md | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| | 18. BURIAL, CREMATION OR REMOVAL Place North Easy ME Date Feb 7 , 19 34 | Manner of injury |
| TION | 19. UNDERTAKER Joseph R fraut | 24. Was disease or injury in any way related to occupation of deceasad? |
| | (Address) / North East, Md | If so, specify |
| | 20. FILED 2-7-34, 19 Kes Ut. Quees Recistrar. | (Signed) M. M. (Address) Washington East, M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | Example II | | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| Viterories | Mug1,13%0 | Tass venter nes | 1 ye |
| | | | |

IARGIN RESERVED FOR BINDING

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH | |
|--|--|-----|
| 1. PLACE OF DEATH | (131) UL469 | |
| County Ceccl | Registration Dist. No. 93 | 3 |
| Village or City Ellitura R. W. (IF | No. St., War death occurred in a hospital or institution, give its NAME instead of street and number) | d |
| Length of residence in city or town where death occurredyrs,mos | ds. How long in U.S. if of foreign birth? yrs mos d | s. |
| 2. FULL NAME CARCO L. CON | ner | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | |
| 5a. tf married, widowed, or divorced | (Month) (Day) (Year) | |
| HUSBAND of Orner Huges Commen | 22. May 15 1933 to 7ch 2 1985 | |
| 6. DATE OF BIRTH (month, day, and year) Left 28-185 | I tast saw hall alive on 7 co 1 1934; death is sai | id |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date stated above, atm. | |
| 76 4 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | at |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. | al this | - |
| I Industry or husiness in which | moure intersulat | - |
| work was done, as SILK MILL, Ordered | rejuries 1910 | 2 |
| To: Date deceased last worked at this occupation (month and year) spent in this occupation | | |
| | Other Coutributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) | Chrones muse on de to 1615 | |
| 13. NAME TO THE TAIL | my carries 1913 | |
| E O CCC STORY | | |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation | |
| | What test confirmed diagnosis? | |
| E | 23. If death was due to external ceuses (VtOLENCE) fill in elso the following: Accident, suicide, or homicide? | |
| 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? | |
| 26-10- | (Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE. | |
| 17. INFORMANT (Address) Elicia 18. 5. 3 | Specify whether many occurred in involving, in nowie, or in Public Place. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | |
| Place MA Salery Dy Date / Lef 5.7, 193 C | Nature of injury | |
| 19. UNDERTAKER OY To James | 24. Was disease or injury in eny way related to occupation of deceesed? | |
| (Address) frequent Dreet | If so, specify | |
| 20. FILED Jule 3., 1984 & Frank frager | (Signed) Mullisel M. Johnson M. (Address) Newfort Del | D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | (2) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenterilis | 1 year | |
| | | *10 | | |

| ADDITIONAL SPACE FOR | FURTHER | STATEMENTS | \mathbf{BY} | PHYSICIAN |
|----------------------|---------|------------|---------------|-----------|
|----------------------|---------|------------|---------------|-----------|

Adress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

re Klanks are heeded

BINDING

RESERVED

RGIN

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| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

TION is very important. See instructions on back of certificate.

| PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE OR HUNCELLY (Morth Morth (May, and year) S. SHACE MARKE MARKED, WHOVER (Sinks or country) T. Trade, profession, or pertecular S. Marke Morth (Morth), day, and year) S. Marke Mort | STATE OF MARYLAND— | CERTIFICATE OF DEATH 01471 |
|--|--|--|
| Village or City. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. 2. FULL NAME Langth of residence in city or town where death occurred. (a) Residence: No. (Liusa) place of abode) St. Ward. Hammerident give city or town and State MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH (Nonth) (Day) (Ontific of Control of Cont | 1. PLACE OF DEATH | 108 |
| (if death occurred in a hospital or institution, give in NAME intended of street and number) 4. FULL NAME William January St., mos. ds. 4. COLOR OR RACE OR MONORCH Growing kew word) 5. If married, widowed, or divorced If married, widowed, | County Cecil | Registration Dist. No. 92 |
| Length of residence in city or town where death occurred. (a) Residence: No. (b) Ward. (b) Ward. (c) Residence: No. (c) Ward. (d) Residence: No. (| Village or City Elkhan | |
| (a) Residence: No. (Usual place of abods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERGED Conside word) S. SIN, Ward. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH J. DATE OF DEATH J. DATE OF DEATH J. DATE OF BIRTH (month, day, and year) J. DATE OF DEATH J. DAT | | |
| (a) Residence: No. (Unsalplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DYVOKED SOLUTION 3. SI I married, wildowed, or diversed of the solution of the so | 00'00' 41 | 1//2 |
| PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX | | Louvez. |
| 4. COLOR OR RACE ON DIVORCED (spring the word) ON DIVORCED (spring the word) ON DIVORCED (spring the word) 5. II married, widowed, or divorced (IUSBAND) OF DEATH OF BERTH (month, day, and year) 5. DATE OF BERTH (month, day, and year) 6. DATE OF BERTH (month, day, and year) 7. AGE 8. Trade, protession, or particular 8. Age of the deceased last be above, at. 8. Trade, protession, or particular 9. Acceptable (month) 8. Age of the deceased last be above, at. 9. Age of lower 10. Age of lowe | | St., Ward. If nonresident give city or town and State |
| MALL While OR DIVORCED (write the word) So. It married, wildowed, or divorced (1908) HOSANDO (1908) So. It married, wildowed, or divorced (1908) HOSANDO (1908) So. It married, wildowed, or divorced (1908) HOSANDO (1908) So. It married, wildowed, or divorced (1908) HOSANDO (1908) So. It married, wildowed, or divorced (1908) HOSANDO (1908) So. It married, wildowed, or divorced (1908) HOSANDO (1908) HOSANDO (1908) So. It married, wildowed, or divorced (1908) Hosando (1908) Hos | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| NUSBAND OF CONTROL OF CASIL MANY STATES OF SHITH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. ACE Years Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance SAWYER, BOOKKEPER, etc. Place of the country Date of onest This occupation (month and year) Date of onest The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH and related causes of import | OR DIVORCED (gurite the word) | Fil 18 , 193 × |
| TAGE Years Months Days If LESS than Iday. hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were art of lows: Trade, profession, or perticular ward of work done, as SPINNER. Paul ward Jalon SAMYER, BOOKKEEPER, etc. Mail ward Jalon SAMYER, BOOKKEEPER, etc. | HUSBAND of | 7-1 17 11 1-1 10 21 |
| Trade, profession, or perticular for min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were agriculous: SAWYER, BOOKKEEPER, etc. SAWYER, BOOKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BO | 6 DATE OF RIRTH (month, day and year) Self 2 1874 | |
| Date of one min. Service, political or work done, as SPINNER, Rail wast Talor Colored Transitions: SAPYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL. SAPYER, BOOKKEPER, etc. 11. Total time (years) spent in this occupation menth and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL CREATION, OR REMOVAL Place 18. BURIAL CREATION, OR REMOVAL Place 19. UNDERTAKER (Address) (Signed) 19. Wes disease or injury in eny way releted to occupation of decessed? 11. So, specify Manner of Injury Nature Address Nature are are are are are are are are are a | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| Trade, profession, or perticular with off work done, as SPINNER, Ball wasted Jahong Sawyer, Bookkeper, etc. Sawyer, Bookkeper, etc. Solution of work done as SILK MILL, Sawyer of the work was done, as SILK MILL, Saw MILL BARK, etc. 10. Date deceased last worked at this secupation (month and spent in this sp | | and the state of t |
| SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTUPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. Other Contributory Causes of Importance: Other Contributory Ca | 8. Trade, profession, or perticular kind of work done, as SPINNER, Roll work done with the second done with the se | Lola Precumi 2/13/2. |
| 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (Slate or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 18. DURDERTAKER (Address) 19. UNDERTAKER (Signed) | SAW MILL BANK etc | 1 |
| 12. BIRTHPLACE (city or town) (Slate or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) (Address) 19. UNDERTAKER (Address) (Addre | 10. Dato deceased last worked at this occupation (month and spant in this 14-04 | |
| What test confirmed diagnosis? Was there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Comparison (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) What test confirmed diagnosis? Was there en autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Signed) Maccident, suicide, or homicide? Maccident, suicide, or homicide? Meet did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or injury in eny way releted to occupation of deceesed? If so, specify (Signed) M. D. | | Uther Contributory Lauses of Importance: |
| What test confirmed diagnosis? Was there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Comparison (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) What test confirmed diagnosis? Was there en autopsy? 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Signed) Maccident, suicide, or homicide? Maccident, suicide, or homicide? Meet did injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. Was disease or injury in eny way releted to occupation of deceesed? If so, specify (Signed) M. D. | 13. NAME Carres Davis | |
| What test confirmed diagnosis? Was there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Liphur Date Manner of Injury Nature of Injury 19. UNDERTAKER (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Signed) (Signed) M. D. M. D. | 14 RIRTHELACE (city or town) And Steel la - of | Name of operation Date of |
| 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) | (State or country) | What test confirmed diagnosis? Was there en autopsy? |
| 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) | 15. MAIDEN NAME Louise Claylon | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| (Stete or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Place Place Advise (Address) 19. UNDERTAKER (Address) (A | 16. BIRTHPLACE (city or town) Inamy land | Accident, sulcide, or homicide?Date of injury, 19 |
| 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL OF THE Date of Light Office of the Company of the Co | (State or country) | Where did injury occur?(Specify city or town, county and State) |
| Place Elfha Compater y 1562/1934. Nature of Injury 19. UNDERTAKER Librarie M. Afernally 24. Wes disease or injury in ony way releted to occupation of deceased? (Address) (Address) (Signed). (Signed). M. D. | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Effect and of It so, specify 20. FILED The 11 1924 Bank Bronzer (Signed) Herbert Calo M. D. | e pol - mertinistant | |
| 20. FILES 20 1 1954 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | 20. FILED Tel 71, 1974 & Baud Gronger Registrar. | 8111 = 2-1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |

| BINDIN | |
|----------|--|
| FOR | |
| RESERVED | |
| MARGIN | |

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH pluods County Registration Dist. No. Village or City No. ____St.,

(If death occurred in a horpital or institution, give its NAME instead of street and number) S How long in U.S. if of loreign birth?_____yrs.____mos.____ds. Length of residence in city of town where death occurred. PHYSICIAN RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED. OR DIYORCED (write the word) NENT (Month) (Day) assified 5a. II married, widowed, or divorced AC HUSBAND of 22. CERTIFY, That I attended deceased from (or) WIFE of 5 B certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 12-65. stated I dey, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ormin. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, OCCUPATION SAWYER, BOOKKEEPER, etc.____ back 9. Industry or business in which may should work was done, as SILK MILL, SAW MILL, BANK, etc.... on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation instructions 12. BIRTHPLACE (city or town) (State or country) supplied. in plain terms, FATHER 14. BIRTHPLACE (city or town Name of operation__ (State or country) should be carefully What test confirmed diagnosis?_____ Was there an auropsy?____ MOTHER important. 15. MAIDEN NAME 23. If death wes due to external ceuses (VIOLENCE) fill in also the following: DEATH Accident, suicide, or homicide?_____ Date of injury_____ 19____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT. very OF (Address) 18. BURIAL, CREMATION_OR Manner of injury -WRITE CAUSE mation TION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify \mathbf{x} Registrar. (Address) ____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample 1

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

| Mample 1 | 1 | Example 11 | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| | \$ | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |
| | | | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| the Comme | | | | | | |

| STATE OF MARYLAND- | CERTIFICATE OF DEATH 01472 |
|--|---|
| 1. PLACE OF DEATH | 93-0 |
| County Cicil | Registration Dist. No. 93 |
| Village or City Elicton | |
| (If | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long In U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME amette V. Devin | |
| (a) Residence: No. W Zwaw (Usual place of abode) | St, Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Therefore the word) | 21. DATE OF DEATH FEB 9 1934 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of John F. Deven | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Seft 30 1874 | 1 1 1 1 1 1 1 1 1 1 |
| 7. AGE Years Months Days If LESS then 1 day,hrs. | to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. | Acute Cardiac Date of onset |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Dilatation |
| 10. Date deceased last worked at this occupation (month and year) | |
| 12, BIRTHPLACE (city or town) Earleville (State or country) Manyland | Other Coutributory Causes of Importance: |
| 13. NAME Leonga R Vandant | Cheonic myradlika any 47 |
| (State or country) many land | Name of operation Date of What test confirmed diegnosis? Was there an eu'opsy? |
| 15. MAIDEN NAMELINE Elizaf Noland 16. BIRTHPLACE (city or town) Easteville | 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| (State or country) Maylant. | Where did injury occur? |
| 17. INFORMANT Jun 7 Device (Address) Elkton Ind | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Elkton Cemetery Date Fely 11, 1934 | Manner of injury |
| 19. UNDERTAKER H. W. Pispin (Address) Elkton 2nd | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED / 18 10, 1834 Ja pauls - Jung EN Registrar. | (Signed) Cold Cold Cold M. D. (Appress) 5 1 2 1 |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| L BLREAD & GUL | | | |
| Other contributory causes of importance: | 1725 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | of importance were as follows: Attack of cpilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

V. S. No. 1

ä

On

instructions

FATHER

MOTHER

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

19. UNDERTAKER

20. FILED/-

(Address)

(State or country)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or tow (State or country

should state of OCCUPA-

| STATE OF 1. PLACE OF DEATH County Cecil Village or City Chesapea Length of residence in city or town where death 2. FULL NAME Delilah | Ke City Occurred 3 yrs. 4 mos | ND. death occurred in a hospital or institut ds. How long in U.S. if of | Registration Dis | St. ND. St., | |
|---|--|--|---|------------------------------------|---------|
| (a) Residence: No. | (Usual place of abode) | St., Ward. | If nonresident gir | e city or town and | d State |
| PERSONAL AND STATISTICA | L PARTICULARS | MEDICAL CI | ERTIFICATE O | OF DEATH | |
| 7 10 1.2-4 | INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) | 21. DATE OF DEATH | JEL (Month) | ンン (Day) That I attended | (Year) |
| 8. Trade, profession, or particular kind of work done, as SPINNER, CAT SAWYER, BDDKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and wear) | Days If LESS than I day,hrs. ormin. The spent in this occupation of the spent in this occupation. | I last saw h elive on to have occurred on the date state. The PRINCIPAL CAUSE OF DEAT were es follows: | to 72, to 72, d above, at 2, 70. H and related causes | L 2 2 , 19 3 4 P. m. of importance | 1934 |

24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed)

What test confirmed diagnosis?.

Where did injury occur?.

Manner of injury Nature of injury.

Other Contributory Causes of importance:

Accident, suicide, or homicide?

23. If death was due to externel causes (VIDLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

(Specify city or town, county and State)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1 N. B.-

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 01476 |
|--|--|
| 1. PLACE OF DEATH | 3 |
| County Licely | Registration Dist. No. |
| Village or City Celkton Maryland | Notrion Naskital St., Ward |
| | (If death occurred in a hospital or institution give its NAME instead of street and number) los. How long in U.S. if of foreign birth? |
| 2. FULL NAME Stillown | 7.00 |
| | St. Ward. |
| (a) Residence: No. (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (Greethe word) | 21. DATE OF DEATH february 13, 193 4 |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. 1 HEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Februarie 13-193 | 4 I last saw h Walke on A l 19 ; death is sald |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at |
| 1 day,hr | ward of fellows |
| 9 Trade profession or particular | mis cape fe Date of onset |
| SAWYER, BOOKKEEPER, etc. | 3 min dig |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | helaland |
| SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and yaar) yaar) 0. Occupation (month and occupation) | ywoccu acces |
| Union Shitte | Other Coutributory Causes of importance: |
| (State or country) | 2 |
| 13. NAME Marman Job Fell | |
| 13. NAME Marau Job Fell 14. BIRTHPLACE (city or town) Mary land | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Josa Lellian Love gall | 23. If death was dua to external causes (VIOLENCE) fill In also the following: |
| 15. MAIOEN NAME Josa Sellian Lave galet 16. BIRTHPLACE (city or town) - Langue francia | Accident, suicide, or homicide? Oate of injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT PURE FELL (Address) | Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of Injury |
| Placa Lamue Oate /13 ,19.34 | Nature of injury. |
| 19. DINDERTAKER Hospitial. | 24. Was diseasa or injury In any way related to occupation of deceased? |
| (Address) | If so, specify |
| 20. FILED feb 15 , 1934 for panels Frager | (Signed) (Address) / Company Sum And: |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitiat nephritis 1921 Run over by street car 1 week ago Perilonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

| BINDING |
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| FOR |
| RESERVED |
| IARGIN |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | <u> </u> |
| County Cecel - | Registration Dist. No. |
| Village or City Cecelton - | NoSt.,Ward |
| (If Length of residence in city or town where death occurredyrsmos | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Still Lary At Saus | 1 - and |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Calared 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I ettended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Fach 8 - 1934 | I last saw h alive on AA , 19 ; death is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, et |
| 8 Trade profession or particular | Tather has a bonling |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month end spent in this securation (month end spent in this | Wassermon huder |
| 10. Date deceased last worked at this occupation (month end year) | Meatment for 84 Mulins |
| 12. BIRTHPLACE (city or town) Certain (State or country) | Other Contributory Causes of Importance: |
| 13. NAME Walter Faced | |
| 13. NAME Tally Faced 14. BIRTHPLACE (city or town) Culltan (State or country), 22 & | Name of operation Date of |
| | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Unie Dokley, 16. BIRTHPLACE (city or town). The a keyphia | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 2 (State or country) 17. INFORMANT (Address) | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Pecilim Date July 9, 1934 | Manner of injury |
| 19. UNDERTAKER Falthough Chief Walth Bould Dr. (Address) Cecilton mid. | 24. Was disease or injury in eny way related to occupation of deceased? |
| 20. FILED Feliago, 1934 January. Registrar. | (Signed) Carlurium Fos 2007) M. D. (Address) Carltona |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|-------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| 5 TATE OF MARYLAND— | CERTIFICATE OF DEATH ()1478 |
|--|--|
| C | 920 |
| County Ceac | Registration Dist. No. |
| Village or City Election (If | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FILL NAME Samuel & Hague | |
| (a) Providence No. Character | O. Wand |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrightha word) | 21. DATE OF DEATH JEL /6 193 × (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced | (multin) (bay) (radi) |
| HUSBAND of many H. Hague | 22. I HEREBY CERTIFY, That I attanded decaesed from |
| 6. OATE OF BIRTH (month, day, end year) Och 3 1848 | I lest saw h. A alive on Jet 16, 193 ; deeth is said |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the date stated above, at 53 p.m. |
| 85 4 13 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: |
| & Trada, profassion, or particular kind of work done, as SPINNER, Letters of SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaased last worked at Aug 25 11. Totel time (yaars) / 4 this occupation (month and spent in this spent in this | acule Cardia dilatation Oate of onset |
| 9. Industry or business in which sheet yard | Clina 5 0 1 1 1 |
| 9. industry or business in which work was dona, as SiLK MILL, Shuff y and SAW MILL, BANK, atc | - Corditing |
| 11. Total time (years) 12. Total time (years) this occupation (month and 1924 year) 11. Total time (years) spant in this occupation | |
| 12. BIRTHPLACE (city or town) cecilton | Other Cautributory Causes of importance: |
| (State or country) Many lour | |
| 13. NAME John Hague | |
| 13. NAME ohn Hague 14. BIRTHPLACE (city or town) Recillore (State or country) | Name of operation Oate of |
| (State of country) / wary valle | What tast confirmed diegnosis? Was there an au'opsy? |
| 16. BIRTHPLACE (city or town) Ce celton | 23. If daath was due to external causes (VIOLENCE) fill in eiso the following: |
| 5 16. BIRTHPLACE (city or town) Ceculture | Accidant, suicide, or homicide? Oete of injury, 19 |
| (State or country) / way land | Where did injury occur? |
| 17. INFORMANT Ms May It Hague | (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Pleca Sethel Censley Oato Tely 20, 1934 | Nature of Injury |
| 19. UNDERTAKER 24. W. P. J. juin (Addrass) Election miles | 24. Wes disease or injury in any way related to occupation of deceasad? |
| February 00 112 | (Signad) Heckey Bole M.O. |
| 20. FILEBY CONTRACTOR 1984 A STATE OF THE Registrar. | (Altoss) Lekler md |

If more blanks are needed, address Mate Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| 1. PLACE OF DEATH | (BI) |
|--|--|
| County Ceul | Registration Dist. No. 92 |
| Village or City Ellton (IF | No. Arrior Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | 22 ds. How long In U.S. if of foreign birth? |
| 2. FULL NAME R Cellen Half | |
| (a) Residence: No. Rowlandville West (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) White Wildower | 21. DATE OF DEATH Peb ZZ 193 4 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | |
| (or) WIFE of year Hall | Jan 31 1934 to Hell 22 10134 |
| 6. DATE OF BIRTH (month, day, and year) Um. 18 1872 | I last saw h since alive on A eb 22 1934; death is sald |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at J. P. m. |
| 6 2 / 4 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, Red Estate Ogent SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and control to the control | Chronic nephritis Date of one et |
| 9. Industry or business In which work was done, as SILK MILL, | |
| SAW MILL, BANK, etc. | |
| - Mant and A a a a a a a a a a a a a a a a a a a | |
| yaar) occupation Q yaa | Other Centributery Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) (State or country) | |
| 13. NAME Samuel. Hofe | |
| 13. NAME Samuel. High | Name of operation Data of What test confirmed diagnosis? How Was there an autopsy? No |
| # 15. MAIDEN NAME Lara Nelly. | 23. If death was due to external causas (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| 17. INFORMANT William R. Hall (Address) Rosalandaille md. | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Placa (1) aprivo of Date It M. 26, 19.3 4 | Natura of Injury |
| 19. UNDERTAKER J. Earl Zyson (Address) Rearry Sun mg. | 24. Was disease or injury in any way related to occupation of decaased? |
| 20. FILED Feb 24, 1934 / Frank Frages. Registrar. | (Signed) (A. Morrison M. D. (Address) Elston Wal |

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | li li | Example II | |
|--|---------------|---|-----------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related cause of importance were as follows: | S Date of onset |
| Arteriosclerosis | 1915 | Attack of epilcpsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— 1. PLACE OF DEATH County Cucil | CERTIFICATE OF DEATH (11480) Registration Dist. No. 92 |
|--|---|
| Village or City mean Pleasant Itiel (If Length of residence In city or town whera death occurred 16 yrs mos. | NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2. FULL NAME Zura Bell Stalmaker 1 (a) Residence: No. P. 7. D. 4 Elk ton, Mid. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | 21. DATE OF DEATH Jebruary 27, 193 4 (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B. Haller | 22. I HEREBY CERTIFY, That I attended deceased from ,19 ,10 ,19 ,19 ,19 ,19 ,19 ,19 ,19 ,19 ,19 ,19 |
| 6. DATE OF BIRTH (month, day, and year) Sept 6, 1864 | I last saw h alive on 19; death Is said |
| 7. AGE Years Months Days If LESS than 1 day, | to have occurred on the data stated above, at 7:30 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 1932 spent in this | probably due to auste mybrarditio 7/34 |
| 12. BIRTHPLACE (city or town) (State or country) West Virginia | Other Contributory Causes of importance: Operation for hemoushoids, 1 yr ago had not walked since |
| 13. NAME Henry Stalmakes 14. BIRTHPLACE (city or town) (State or country) Wish Virginia | Name of operation Data of What test confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Hannah Vannoy 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Address) (Address) (Address) | 23. If death was dua to external causas (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place Electron Country Oate Febry 25, 1934 | Manner of injury |
| 19. UNOERTAKER 24. W. P. July 2018 | 24. Was diseasa or injury in any way related to occupation of deceased? hd |
| 20. FILED T 26 24 , 1924 Jackel Jackel Registrar. If more blanks are needed, address State Registrar. | (Signed) Tellothing Juger, Coroner # 0. (Address) Colk for mid |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

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20. FILED.

V. S. No. 1

OCCUPA-

plnods

| 2 No. Union Joseph death occurred in a hospital or institution, gree its | St., Ward |
|--|---|
| How long in U.S. if of foreign bir | th?ds. |
| Harrington | |
| St., Ward. | esident give city or town and State |
| MEDICAL CERTIFIC | ATE OF DEATH |
| 21. DATE OF DEATH | |
| (Month) | (Day) (Year) |
| 0 0 21 | TIFY, That I attended daceased from |
| I last saw h watte on cel | , 19 ; daath is seid |
| to have occurred on the date stated abova, et. | |
| Tha PRINCIPAL CAUSE OF DEATH end relat | ad causes of Importanca |
| auoru | yn |
| 3 mm, G | 14 |
| gesta | tun |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | |
| Othar Contributory Causes of importance: | |
| | |
| | |
| | |
| Name of operation | Date of |
| Whet tast confirmed diagnosis? | Was there an autopsy? |
| 23, If death was dua to axternal causes (VIOLE | NCE) fill In also the following: |
| Accident, suicide, or homicida? | Date of injury, 19 |
| Where did injury occur? | |
| (Specify Specify whether injury occurred in INOUSTRY | city or town, county and State) (, in HOME, or in PUBLIC PLACE. |
| | |
| Mannar of Injury | |
| Natura of Injury | |
| 24. Was diseasa or injury In any way releted to | occupation of deceased? |
| If so, specify | |
| (Signed) | O CHOULD W. O. |
| (Address) / Clan | resum my |

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

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| Example I | | Example II | | |
|--|-----------------------------------|---------------|--|---------------|
| The principal cause of of importance were as i | death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1600 O 1004 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephri | tis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | THE STATE OF | July5,1927 | Peritonitis | 3 days ago |
| | | | | |
| Other contributory caus | ses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| 1. PLACE OF DEATH | (106-2) |
|---|--|
| County Ceel | Registration Dist. No. 92 93 |
| 143 | No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| (a) Residence: No. Audora mile. (Usua place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED. OR DAYOR ED (write the word) | 21. DATE OF DEATH 5th (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth January | 22. Seft 6 1934 to Lea 5 1934 |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. | to have occurred on the date stated above, at Jo n. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER selected Formed 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this | abeers of lung (right). 2-1-30 |
| 12. BIRTHPLACE (city or town) Celel County Med. | Other Contributory Causes of importance: |
| 13. NAME Malhan Janney 14. BIRTHPLACE (city or town) Maryland (State or country) | Name of oparation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or perferty) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Survey Stein Coste Jely 9, 1934 | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 19. UNDERTAKER A. D. Clermatter (Address) Ellermatter 20. FILED Felt 7., 1934 January Frager Registrar. | 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) (Address) (Address) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| MAR AT AT A | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 01484 |
|--|--|
| 1. PLACE OF DEATH, | |
| County Coul | Registration Dist. No. |
| Village or City Elekton RD | No.: St., Ward |
| | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| 2. FULL NAME Robert H. Jaquett | C The state of the |
| (a) Residence: No. | St Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Survey Surve | 21. DATE OF DEATH JEL 9 193 4 |
| 5a. If married, widowed, or divorced HUSBAND of Control 2 | 22. I HEREBY CERTIFY. That I attended deceased from |
| (or) WIFE of teea Mr. p. 2 | 20 1927 to 724 9 1934 |
| 6. DATE OF BIRTH (month, day, and year) and 45 1872 | I last saw h alive on Fel 9 , 19 7 ; death is sald |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date stated ebove, et |
| 6/ 9 14 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| Z 8. Trade, profession, or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and second in this preparation from the second in this second | There poplexy 11/19, |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Charity of the state of the sta |
| SAW MILL, BANK, etc | weisheld hell |
| this occupation (month and spent in this occupation occupation | |
| 12. BIRTHPLACE (city or town) Election R & (State or country) Many Land | Other Contributory Causes of Importance: |
| # 13. NAME Robert Laquette | |
| 14. BIRTHPLACE (city or town) Muran | Name of operation |
| (State or country) Delaware | What test confirmed diegnosis? Was there an eu'opsy? |
| 15. MAIDEN NAME Martha Briston | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME Martha Briston 16. BIRTHPLACE (city or town) North Sast (State or country) Man land | Accident, suicide, or homicide? Date of injury, 19 |
| Consider Country) | Where did Injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Mrs Ella M Jaquette (Address) Elkton Ind | Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Counting Fiby 12 1924 | Manner of injury |
| 19. UNDERTAKER H. W. Pispine (Address) WKtor And | Neture of injury |
| 20. FILED Jel 12 , 1924 & Maus Brayer Registrar. | (Signed) (Address) M. D. |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, ctc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 41 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| See All Vale | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

should state item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE (| OF DEATH | | | <u></u> | IUU |
|--|---|--|---|---|------------------------|
| County | Cecil | • | | Registration Dist. No. 96 | |
| Village or Length of re | | Point, Man | (1 | No. St., St., If death occurred in a hospital or institution, give its NAME instead of street and n s | Ward umber) sds. |
| 2. FULL NA | | | es R. | | |
| | | 34, Califor | nia, Pa. | St., Ward. If nonresident give city or town and | State |
| | NAL AND STATE | The state of the s | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX male | 4. COLOR OR RACE white | OR DIVORCE | RIED, WIDOWED, D (write the word) | 21. DATE OF DEATH February 11 (Month) (Day) | 193 4 • (Year) |
| 5a. If married, wido HUSBAND of (or) WIFE of | owed, or divorced | | | 22. I HEREBY CERTIFY, That i attended of March 6, 1933 19 to Feb. 11 | leceased from |
| 6. DATE OF BIRTH | I (month, day, and year) | January | 10,1894 | | ; death is sald |
| 7. AGE Y | ears Months 40 1 | Days | If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at 3:15. Rm.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | , 4041113 3414 |
| B. Trade, prof kind of SAWYE | ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc | Rivetman | | General Paralysis of the Insane | Date of onset |
| SAW M | business in which as done, as SILK MILL, ILL, BANK, etc | Steel mill | | Dating probably from 1924-1926 as evidenced by epileptiform | |
| | upation (month and Summer of | | ime (years) nt in this upation <u>Unkno</u> | | |
| 12. BiRTHPLACE (CState or co | ,, | ownsville, | Pa. | Other Coutributory Causes of importance: Trophic ulcers involving the spine and thighs | |
| 13. NAME | Name unknow | vn | | and dirights | Recent |
| | E (ort) of town/ | ıknown | | Name of operation | 37- |
| 15. MAIDEN N | AME Jennie | - last ner | e not know | What test confirmed diagnosis? Serological was there an at the examination of blood and spinal 23. If death was due to external causes (VIOLENCE) fill in also the following: | topsy? Yes |
| men . | E (city or town) | | | Accident, suicide, or homicide? Date of injury Where did injury occur? | , 19 |
| 17. INFORMANT (Address) | Hospital 1 | Pour | nd | (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | CE. |
| | coal Center, | Pa . Date Feb | 12 ,19 34 | Manner of Injury | |
| 19. UNDERTAKER (Address) | Geo. T. Per Havre de | mington/& Grace, Mary | land. | 24. Was disease or injury in any way related to occupation of deceased? | No |
| 20, FILED TEL | 17, 1934ct | Plearles | Moure | (Signed) ROCK P. HEATZ, Clinical | Direct |

If more blanks are needed, address State Registrar, 24xx N. Charles Street, Baltimore, Requesting V. S. No. r.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | the state of the s | Example II | |
|--|--|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

I is very important. See instructions on back of certificate.

| 1 | -WR mati | CAU |
|--------|-------------|-----|
| S. No. | B | |
| >. | z | 1 |
| 100 | | - |

| STATE OF M. | ARYLAND— | CERTIFICATE OF DEATH | 01486 |
|--|---|---|---------------------|
| County Cecil | | Registration Dist. No | 91 |
| Village or City Chesabeake | City | | t.,Ward |
| Length of residence In city or town where death occurr | | death occurred in a hospital or institution, give its NAME instead of stree | t and number) |
| 2 | yrsmos | sds. How long in U.S. if of foreign birth?yrs | mosas. |
| Zi TOLL NAME | aum | | |
| (a) Residence: No. (Usua | I place of abode) | St., Ward. If nonresident give city or tow | n and State |
| PERSONAL AND STATISTICAL PA | ARTICULARS | MEDICAL CERTIFICATE OF DEAT | ГН |
| The ale 1. I - OR DI | MARRIED, WIDOWED, ORCED (write the word) | 21. DATE OF DEATH Schwarz 4 (Month) (Day) | , 193 4 |
| 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of | ge Lum | 22. I HEREBY CERTIFY, That I atte | |
| 6. DATE OF BIRTH (month, day, and year) | 26 1863 | | 3 / ; death is said |
| 7. AGE Years Months Da | | to have occurred on the date stated above, at 4 MAm. | 2.4-12, 00001110 |
| 70 | 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Cot | torus | 0 | Date of onset |
| kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and | | aided vascular rend | 1920 |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | | arsiase | |
| 10. Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation | | |
| Churchen | V. C. F. | Other Coutributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) | and | Balaba | /4.1 /- |
| 1 0000 | | - oracle premores | 1934 1934 |
| 13. NAME Construction William 14. BIRTHPLACE (city or town) William | aton | Name of operation Oats | |
| (State or country) | on | 01.0 | re an au'opsy? |
| 15. MAIDEN NAME Elizabeth B | ristow | 23. If death was due to external causes (VIOLENCE) fill in also the fol | |
| 15. MAIDEN NAME They aboth B | aky City | Accident, suicide, or homicide? Date of injury | |
| * (State or country) Manyl | and | Where did injury occur? | 10 |
| 17. INFORMANT Mis Else le (Address) Chesopeoke | chy mis | (Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL | IC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | 7,6,6 | Manner of injury | |
| Place / State (atturery Oate | , 1934 | Nature of injury | ~~~~~ |
| 19. UNOERTAKER It. W. Tiffe | • | 24. Was disease or injury in any wey related to occupation of decease | d? NO |
| (Address) Eleton mid | | If so, specify | |
| 20. FILED 2/6 , 1934 13. H. B. | aure | (Signed) Yeury V. Dav | M. D. |
| | Registrar. | (Address) Wapeatelle | nus. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| | Example I | | Example II | |
|--|---|---------------|--|---------------|
| The principal caus of importance were | e of death and related causes e as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial n | ephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory Gallstones | causes of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | DC. | | | |

| | ARGIN | TANGET A | D r Or | ANGIN RESERVED FOR BINDING | • |) |
|--|----------------|-------------|------------|----------------------------|-----------------|----------------|
| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | TH UNFADIN | G INK-TH | V SI SI | PERMANENT | RECORD. Every | item of infor- |
| mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | y supplied. A | GE should | e state | DEXACTL | Y. PHYSICIANS | should state |
| CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | ain terms, so | that it may | e prop | erly classified. | Exact statement | of OCCUPA- |
| TION is very important. See instructions on back of certificate. | See instructio | ns on back | of certifi | icate. | | |

| SIAIL OF MARYLAND— | CERTIFICATE OF DEATH 01487 |
|--|--|
| County Cecil | Registration Dist. No. 92 |
| Village or City Electrons (II | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| 2 0 0 4 1 | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Bertha S Kusby | |
| (a) Residence: No. East 7+ k (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (word) Single Married, WIDOWED, OR DIVORCED (word) | 21. DATE OF DEATH JEb 2/ 193 4 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | |
| (or) WIFE of | 22. I HEREBY CERTIFY, That I attended decesed from 1929, to 21 1934 |
| 6. DATE OF BIRTH (month, day, and yeer) Oct 31 1874 | I lest sew h_ev elive on Feb 2/ , 1934; death is seld |
| 7. AGE Yeers Months Deys If LESS than | to heve occurred on the dete steted above, et |
| 3 20 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH end releted couses of importance were estollows: |
| 8. Trade, profession, or particuler kind of work done, as SPINNER, Seamsthers SAWYER, BOOKKEEPER, etc. | Chronic Interstitual naphritis Date of one of |
| kind of work done, as SPINNER, Seawathers SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 9 au / 11. Total time (yeers) 3 / 11. Total time (yeers) 4 / 11. Total time (yeers) 4 / 11. Total time (yeers | |
| 10. Date deceased last worked at 2 11. Total time (yeers) 3 year) 12. Total time (yeers) 3 year) | |
| 12. BIRTHPLACE (city or town) herapeake City (Stete or country) many land | Other Coutributory Causes of Importance: Cerebral hemanhage |
| 13. NAME George Lusby | |
| 13. NAME George Lusby 14. BIRTHPLACE (city or town) (Stete or country) | Name of operation |
| | Whet test confirmed diegnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Many & Price 16. BIRTHPLACE (city or town) Chesoprake City (State or country) | 23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? |
| 17. INFORMANT Mr. Com A Lusby (Address) Elections | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Beached Certify Date 7 by 25, 1934 | Menner of Injury |
| 19. UNDERTAKER It while it is a server of the control of the contr | 24. Was disease or injury In any wey releted to occupation of deceased? If so, specify |
| 20. FILED TILE 24, 1924 & Frank Story of Registrar. | (Signed) (feebent Bales M. D. (Address) Elkler med. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones . | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | (30) |
| County Cecil | Registration Dist. No. 92 |
| Village or City Elkton | No. St., Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth? |
| 2 FILL NAME Laura L Marwell | |
| (a) Residence: No. Fronth | |
| (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH Jeh. 5th 1934 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. Thet I attended deceased from 1934 to 24 5 4 1934 |
| 6. DATE OF BIRTH (month, day, and year) July 7 1845 | I fast saw h es aliva on feb 4 ,1934; death is said |
| 7. AGE Years Months Deys if LESS than | to have occurred on the date stated above, at 19 2 m. |
| 88 6 28 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 8. Trade profession or particular | Were as rollows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, at 74 one SAWYER, BOOKKEEPER, etc. | acute nephretis |
| kind of work done, as SPINNER, ASWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and this progration (month and this progration this progration this progration this progration than the same time time than the same time time time than the same time time time time time time time ti | (unterstitues). 1934 |
| 10. Data deceasad last worked at this occupation (month and yaar) | |
| Election | Other Coatributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) Many land | Genetate |
| 13. NAME Samuel P. Howles | |
| 13. NAME Saund P. Howles 14. BIRTHPLACE (city or town) No information | Name of operation |
| (State or country) | What test confirmed diagnosis? Was there an au'opsy? |
| 15. MAIDEN NAME Rackel acu Titter 16. BIRTHPLACE (city or town) No officialis | 23. if death was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? |
| ∑ (Stata or country) Delaware | Where did injury occur? |
| 17. INFORMANT Walter Maywell (Address) Eleton and | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Ellow Cancelly Data, 7 by 7 1934 | Manner of injury |
| 2+12-0:4: | Nature of injury. |
| 19. UNDERTAKER (Address) Cylton Tyd | 24. Was diseasa or injury in any way related to occupation of deceased? |
| 20. FILED Job of 1974 & Frank Frager | (Signad) facesce my shura M. D. |
| Registrar. | (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car , | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Perilonitis | 3 days ago |
| BUPEAU W. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| | County Death | Registration Dist. No. 95 | |
|------------|--|--|----------|
| | | NoSt.,St., | _Ward |
| | Length of residence In city or town where death occurredyrsmos. | ds. How long in U.S. if of foreign birth?yrsmos | ds. |
| 2 | 2. FULL NAME Julian C. Mehr | nnly | |
| | (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
|] | SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) manual | 21. DATE OF DEATH (Month) (Day) (Your Park Park Park Park Park Park Park Par | 3 7. |
| 5a. | . If married, widowed, or divorced HUSBAND of (or) WIFE of William McKinnly | 22. HEREBY CERTIFY That Lattended decease | ed from |
| 6 | DATE OF BIRTH (month, day, and year) Chril & 1875 | Plast saw h. M. alive on June 1, 1934; death | is said |
| 1 | AGE Yeers Months Days If LESS than | to have occurred on the dete stated above, et | |
| | 58 9 (/ lday,hrd.) | The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: | of onset |
| NO | Trade, profession, or particular kind of work done, as SPINNER, | full agencia de la constanta | |
| OCCUPATION | SAWYER, BOOKKEEPER, etc | spiserring for an area | |
| CUP | work was done, as SILK MILL, SAW MILL, BANK, etc. | | |
| 00 | 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation 23 | | |
| | | Other Contributory Causes of importance: | |
| 12 | (State or country) Jok 66. | June Margantito | 429 |
| ER | 13. NAME David bonner | 1.7.5.1.0.6.00 | /- |
| FATHER | 14. BIRTHPLACE (city or town) | Name of operation | |
| | (State or country) York 100. Pa | What test confirmed diegnosis? Was there an au'opsy | ? |
| THER | 15. MAIDEN NAME martha lugdon | 23, If death wes due to external causes (VIOLENCE) fill in also the following: | |
| MOT | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?, 19 | 9 |
| 17. | INFORMANT Whip mekinney (Address) Lotora, mg | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. | |
| 18 | BURIAL, CREMATION, OR REMOVAL | Manner of injury | |
| 7 | reprodo Brush Frond Date Feb 6 , 1934 | Nature of Injury. | |
| 19 | UNDERTAKER L. E. Tyson | 24. Was disease or injury in any way related to occupation of deceased? | 7 |
| - | (Addiess) Rising Sun Md. | If so, specify | |
| 20 | FILEO / E 139 THOMAS MARGISTRAT. | (Signed) (Address) Dadd (Andress) | y-M. D. |
| 7 | | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | 1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The mouth and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BUREAU V.S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH | <u> </u> |
| County & col | Registration Dist. No. 93 |
| | R. No. Union V To Relate St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs/mos | |
| 2. FULL NAME Stillow | argan |
| (a) Residence: No(Usual place of abode) | Sy., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH February 2 193 4 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) February 2-1939 | 1 last saw/r. ? alive on 7 206 2, -, 1934; death is said |
| 7. AGE Years Months Days If LESS than I day,hrs. | to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Some | Date of onset |
| work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 12. BIRTHPLACE (city or town) laigh Hasfield (State or country) Claton manufaced | Other Contributory Causes of importance: |
| 13. NAME Palph Edward Margan 14. BIRTHPLACE (city of town) Maryland (State or country) | |
| 14. BIRTHPLACE (city of town) // Aryland (State or country) | Name of operation Date of |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Julea Butter My, My, 15. BIRTHPLACE (city octown) Maxylace (State or country) | Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? |
| 17. INFORMANT Julia Morgani (Address) Elistin Mura | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18: BURTAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Trumule Date Jely 2, 1937 | Nature of Injury |
| 19. UNDERTAKER (Salputal) | 24. Was disease or Injury in any way related to operation of deceased? |
| 20. FILED felt le 1934 for party frages | (Signed) M. D. (Address) Zell |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| cause of death and related causes were as follows: osy eet car | Date of onset 1 week ago 1 week ago |
|--|--------------------------------------|
| | |
| eet car | 1 week ago |
| | |
| 1905 S 1904 | 3 days ago |
| utory causes of importance: | |
| May 1,1923 Gastroenteritis | |
| u | tory causes of importance: |

| or- nte | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|---|
| infor- state | 1. PLACE OF DEATH | <u>U1491</u> |
| M) of onld | County Ceccl | Registration Dist. No. 95 |
| item of should of OCC | Village or City Mean Persons Seem | No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number) |
| at SNS | | ds. How long in U.S. if of foreign birth?yrs,mosds. |
| CORD. Every PHYSICIANS act statement | 2. FULL NAME Vivano Ruth Ma | ulton |
| RECORD. PHYSI Exact stat | (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| RECO PH Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| FX | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH JELL - 15- 1934 (Month) (Day) (Year) |
| 0 8 2 8 | 5a. If married, widowed, or divorced HUSBAND of | |
| BINDING ERMANEN EXACTI | (or) WIFE of | 22. I HEREBY CERTIEY That I attended daceased from |
| | 6. DATE OF BIRTH (month, day, and year) Nov (2/83 8 | Hast saw h. C. K. alive on July - 7, 1934; death is said |
| FOR B IS A PE stated E properly | 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 6 A m. |
| FOR IS A stated proper | 3 / 3 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related offses of importance were as follows: |
| . 70 | 8. Trada, profession, or particular kind of work done, as SPINNER, | fallelete both fram: |
| E H | SAWYER, BOOKKEEPER, etc. | Jan 3 |
| ERVI VK-T should it may | work was done, as SILK MILL, SAW MILL, BANK, etc. | - Concerne |
| E S S S | 11. Total tima (years) | Depticerna Jel Je |
| RENG I | Spellerii tilis | Ottor Codellator Comment involved |
| Z | 12. BIRTHPLACE (city or town) ear Piging Sun | Other Contributory Causes of importance: |
| ARGIN JNFADI pplied. erms, se | (State or country) Mds/ | |
| WARGI UNFA supplied n terms, | 13. NAME Marshall Mayller | |
| Sur tin t | 2 14. BIRTHPLACE (city or town) | Nama of operation Date of |
| TARGINE SUPPLIED | | What test confirmed diagnosis? Was there an autopsy? |
| | 15. MAIDEN NAME Margaret Wygens | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| INLY, W be carefu | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicida? Data of injury, 19 |
| INLY, be ca | (State or country) danc actors to Pa | Whera did injury occur? (Specify city or town, county and State) |
| | | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| Should OF D | | Manageration |
| E | West Polling at a 19 2/627 1811 | Manner of injury |
| -WRITH | LE 44 | 11) |
| I DE | 19. UNDERTAKER (Address) | 24. Was disease or injury in any way related to occupation of deceased? |
| Z E | 2 21 3 | (Signed) Algunson M.D. |
| 5 3 | 20. FILED LINW William Registrar. | (Address) FOX DERONE UN |
| Com | Assis 2 If more post are freeded, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example H | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | Pantaoae, | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones May 1,1923 | | Gastroenteritis | 1 year |
| | | | |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN |
|--|
| |
| |
| |

| | STATE OF MARYLAND— | U1492 |
|---|---|---|
| 1 | County Could Co | Registration Dist. No. 95 |
| | | No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| | 2. FULL NAME William Cloud Nie | lds |
| | (a) Residence: No. Alacan Land Man (Usual place of abode) | St.,Ward |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mulds | 22. Jau 1 HEREBY CERTIFY. That I attended deceased from 1934, to Fat 5 |
| | 6. DATE OF BIRTH (month, day, and year) 7 lb 14 1865 | Mast saw h um alive on Fib 4 , 1934; death is said |
| | 7. AGE Years Months Days If LESS than 1 day, hrs. | to have occurred on the date steted above, at 1232 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as fellows: |
| | Trade, profession, or particular kind of work done, as SPINNER, Carpanalus. | Popaletie Strofe |
| | kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased | |
| | 10. Date deceased last worked at this occupation (month end year) | Other Control on the control of the |
| | 12. BIRTHPLACE (city or town) Islamene a lune Lock (State or country) | Other Contributory Canses of importance: Artern Selevoses |
| | 13. NAME (MO) and filled | |
| | 14. BIRTHPLACE (city or town) 77214 (Stete or country) | Name of operation Date of What test confirmed diagnosis? Was there an au'opsy? |
| | 15. MAIDEN NAME (any masen | 23. If death was due to external causes (VIOLENCE) fill In elso the following: |
| | 16. BIRTHPLACE (city or town) family | Accident, suicide, or homicide?Date of injury |
| | 2 (State or country) 17. INFORMANT ada M. Snoble . | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| | (Address) 29 Pavelina / wered | 9., |
| | Place Broglover MdDate Fell 8 , 1934 | Manner of injury |
| | 19. UNDERTAKER C. E. Jysin, (Addiess) Lein Sun Md | 24. Was disease or injury In any way related to occupation of deceased? |
| | 20. FILED. 2 - 6 193 48 - 1 | (Signed) M. D. (Address) M. D. |

MARGIN RESERVED FOR BINDING

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |

| item of infor- | should state | of OCCUPA- | |
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| RECORD, Every | Y. PHYSICIANS | Exact statement | |
| IS A PERMANENT | stated EXACTLY | properly classified. | ertificate. |
| H UNFADING INK-THIS | supplied. AGE should be | in terms, so that it may be | See instructions on back of c |
| . B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
| _ | 1 | 1000 | [] |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH (1) 493 |
|--|---|
| 1. PLACE OF DEATH | 49 |
| County Gear | Registration Dist. No. 92 |
| Village or City near Ell ton | No. St., Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| | ds. How long in U.S. if of foreign birth?yrs,mosds. |
| 018 6 1 | |
| (a) Residence: No. //· J. W. Clsus place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE Junale 4. COLOR OR RACE Junale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed, or divorced | 21. DATE OF DEATH Jebruary 18, 193 4 (Month) (Oay) (Year) |
| HUSBAND of Grank M. Paris | 22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19 |
| 6. DATE OF BIRTH (month, day, and year) June 17, 1852 | I last saw h; death is sald |
| 7. AGE Years Months Days If LESS than | to have occurred on the data stated above, at 3.3.2.4 m. |
| 8/ 8 / 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8 Trade, profession, or particular kind of work done, as SPINNER. | Cancer of stomach 1 yr ag |
| Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata deceased last worked at this occupation (month and | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BÄNK, etc | |
| 10. Oata deceased last worked at this occupation (month and 1933 spent in this occupation occupation | |
| 12. BIRTHPLACE (city or town) Wilming ton | Other Contributory Causes of importance: |
| (State or country) | |
| 13. NAME Benjamin Donglas | |
| 13. NAME Denjamin Donglas 14. BIRTHPLACE (city or town) | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an au'opsy? he |
| 15. MAIDEN NAME Isobel Boys | 23. If death was due to external ceuses (VIOLENCE) fill in also the following: |
| 15. MAIOEN NAME Isobel Boys 16. BIRTHPLACE (city or town) (State or country) W unformation | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) w information | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT John W. Paris (Address) / 17 1 Elkton, md. | Specify whether Injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place I Miss the fac Oate Ill 20, 1934 | Nature of injury |
| 19. UNOERTAKER JUNE 6 See 18 | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILEOFER 18 1904 & Braun Frager | (Signed). J. Nodney Trager Corone Mrs. |
| Registrar. | (Address) (Colle los, Med. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. | |
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign Wirth? _____yrs. 2. FULL NAME St., Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED. 21. DATE OF DEATH OR DIVORCED (woice the word) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 19 : death is said Oays/ I LESS than 7. AGE Months to have occurred on the date stated ebove, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER. OCCUPATION SAWYER, BOOKKEEPER, etc. _ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... fO. Oate deceased last worked at f 1. Total time (years) spent in this this occupation (month and fecupation. Other Contributory Causes of importance: 12. BfRTHPLACE (city or town) (State or country) Heud FATHER f4. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or_country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury Neture of injury 24. Was disease or injury-in any way related to occupation of deceased? f9. UNOERTAKER (Address) If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | 4 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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| | ADDITIONAL SPACE | FOR FURTHER | STATEMENTS | BY PHYSICIA | N |
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN | | | | | | | | |
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| STATE OF MARYLAND— | -CERTIFICATE OF DEATH | 0.0 |
|---|--|--------------|
| 1. PLACE OF DEATH | 828 | 30 |
| County Cecil | Registration Dist. No. 92 | |
| Village or City Estation Med. R.F. Q | to Iron Hill P.O. Sty | Ward |
| 12 | If death occurred in a horpital or institution, give its NAME instead of street and numbs. ds. How long in U.S. if of foreign birth? | |
| 2. FULL NAME James Hillard Robert | tone | |
| (a) Residence: No. Iron Hiel med. | St Ward. | |
| (Usual place of abode) | If nonresident give city or town and Stat | e |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mall Mall Married | 21. DATE OF DEATH (Month) (Day) | 34 (Year) |
| is. If married, widowed, or divorced HUSBAND of Close W. Whitehead Robertson | 22. I HEREBY CERTIFY. That t attended dece | ased from |
| 5. DATE OF BIRTH (month, day, and year) Cipul 19 1990 | 1 last saw hum alive on Feb 5, 1934; de | eath is said |
| 7. AGE Years Months Days If LESS than 1 day,hrs. | to have occurred on the date stated above, at | |
| 43 9 0rmin. | THE RINGIAL CAUSE OF BEATH and related causes of importance | ate of onset |
| Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 3. Industry or business in which work was done, as SILK MILL, | Rerebral embolism 2 | -6-3 |
| kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 2. 14,399 | - | |
| 12. BIRTHPLACE (city or town) Wilmingles Lef. | Bther Contributory Causes of importance: Broacho-Praessura & | au 28.1 |
| 13. NAME & W. Roberttons | A . | |
| 13. NAME W. Robellers 14. BIRTHPLACE (city or town) | Name of operation | |
| (State of Country) | What test confirmed diagnosis? Was there an autop | sy? To |
| 15. MAIDEN NAME Come & Colfrey 16. BIRTHPLACE (city or town) (State or country) | 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? | , 19 |
| 17. INFORMANT Mus Elsie W. Robertsers (Address) From Mill, Mid. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL Place My Jalem - Willy Roate Del. 2 - 1934 | Manner of injury | ~~~~ |
| 19. UNDERTAKER HUPING | 24. Was disease or injury in any way related to occupation of deceased? | 0 |
| 20. FILED Fale 7 , 1934 of France Trong Er Registrar. | (Signed) ratification (Address) newfart se | 2M. D. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, inining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| | | a same | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
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PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important.

V. S. No. 1

N. B.

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | (2) |
| County Ceril | Registration Dist. No. 92 |
| Village or City Tepton mangared (If | No. (St., Ward death occurred in a hospital or institution, give has NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,mos. | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Miscarriag, | & peaking |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) (Year) |
| 5a. If merried, widowed, or divorced HUSBAND of | |
| (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) fel 5-1931 | 19 |
| 7. AGE Years Months Days if LESS than | to have occurred on the date stated above, at |
| 3 12 montes seile form. or - Q min. | The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows: |
| 8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc | Mesoniale |
| 9. Industry or business In which | ,/ |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | 3/2 mos. Zestation |
| O 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (city or town) Union Hazpetal (State or country) Ellon markond | Other Coutributary Causes of importance: |
| II 13. NAME Pugal Section Stephens | |
| 14. BIRTHPLACE (city or town) | Name of operation |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Curd Elizabete Chadrater 16. BIRTHPLACE (city or town) Character Liel | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| Mana Republican | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, |
| 17, INFORMANT (Address) Resistant | Specify whether injury occurred in the bostor, or in robert PEACE, |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Premise Date FL 5- 193x | Nature of injury |
| 19. UNDERTAKER 14 or faulat | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) | If so, specify Herberth |
| 20. FILED / 26 4 , 1834 for frank tray er Registrar. | (Signed) M. D. (Address) Relklon m. |

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| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| //,0 % | - // | | |
| 1/24 8 3 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

BINDING

FOR

ARGIN RESERVED

V. S. No. 1

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| | | | |

| ADDITIONAL S | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|----------------|------------|----|-----------|
|--------------|-------|-----|----------------|------------|----|-----------|

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| RIVERIVE | | | |
| Other contributory causes of importance: | -11 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

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OCCUPA-

Jo

| STATE OF | MARYLAND- | CERTIFICATE C | OF DEATH | 0150 |
|--|---|---|---|------------------|
| 1. PLACE OF DEATH | | (2) | | 0101 |
| County Cell | - MP - MA | · · · · · · · · · · · · · · · · · · · | Registration Dist. No. 9 | 6 |
| Village Dr City Dissespise F | (lf | ND. f death occurred in a hospital or institutio ds. How long in U.S. if of f | | |
| 2. FULL NAME Still | Birth War | ungton | 0101gii 211111: | |
| (a) Residence: No | | St., Ward. | | |
| | (Usual place of abode) | | If nonresident give city or town | |
| PERSONAL AND STATISTICA | | | RTIFICATE OF DEATH | 1 |
| | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | (Month) (Day) | , 193_4 (Yes |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | | 7 / | CERTIFY, That I attend | ded deceased |
| 6. DATE OF BIRTH (month, day, and year) Feb, 171934, | | I last saw h. M. aliya office | ellom2/17,193 | 4 ; death |
| 7. AGE Years Months B | Days If LESS than 1 day,hrs. ormin. | to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH were as follows: | | Date of |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | | D | | |
| S. Hate, profession, or particular New York done, as SPINNER, SAWYER, BDOKKEEPER, etc | | Tremati | ine Buth | 3/11 |
| 1D. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | | | |
| 12. BIRTHPLACE (city or town) - Orineis (State or country) | pio Tremare | Dther Contributory Causes of imports | ance: | |
| 13. NAME Charles Bu 14. BIRTHPLACE (city or town) | legthaningen | | | |
| 14. BIRTHPLACE (city or town) (State or country) | and! | Name of operation What test confirmed diagnosis? | Date o | |
| 15. MAIDEN NAME Mary Sin | heon Bye | 23. If death was due to external cause | | |
| 15. MAIDEN NAME May Simpson Bye 16. BIRTHPLACE (city or town) Frovilence, (State or country) Md The state of country) | | Accident, suicide, or homicide? Date of injury, 19. Where did injury occur?, 19. | | |
| 17. INFORMANT Mary Bye (Address) | Varington | Specify whether injury occurred in I | (Specify city or town, county and INDUSTRY, in HOME, or In PUBLIC | State) PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL Place Ou Sumses | Date 2/17 ,1934 | Manner of injury | | |
| 19. UNDERTAKER Charles B. Ha | mugter (Father) | 24. Was disease or injury In any way | related to occupation of deceased? | |
| The state of the s | To the | 11 30, Specify | Manne | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

01501

That I attended deceased from

__ Was there an autopsy?____

Date of onset

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| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

| | infor- |
|-----------------------------|---|
| | Jo |
| 1 | item |
| | Every |
| | RECORD. |
| IARGIN RESERVED FOR BINDING | N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of in |
| OR | V |
| F | IS |
| VED | -THIS |
| ESER | INK |
| 2 | NG |
| ARGIN | UNFADI |
| | WITH |
| | PLAINLY, |
| . No. 1 | B.—WRITE |
| V. S. | ż |

V. S. No. 1

| 8 | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|------------|---|---|
| 1 | . PLACE OF PEATH | <u> </u> |
| | County Cell | Registration Dist. No. 96 |
| | Village or City Lerry Court | NoSt.,Ward |
| | (If Length of residence Incits or town where death accurredyrsmos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds, |
| | FULL NAME TILL BUTTH IN JOHN | (mares) |
| - | | St Ward. |
| | (a) Residence: No. (Usual place of abode) | St., ward. If nonresident give city or town and State |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. 3 | 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Swrite the word) | 21. DATE OF DEATH 74 3/2 (193 4 (1947) |
| 5a. | If married, widowed, or divorced HUSBAND of (or) WIFE of | 1 HEREBY CERTIFY. That I attended daceasad from |
| 6. | DATE OF BIRTH (month, day, and year) Feb. 21, 1934 | 1934 to, 19 death is said |
| 7. | AGE Years Months Days If LESS than | to have occurred on tha dete stated above, at4-Pm. |
| | 1 day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| NOI | 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. | Still Born |
| OCCUPATION | 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 000 | ID. Date deceased last worked at this occupation (month and spant in this occupation | |
| 12. | BIRTHPLACE (city artown) Persy Coint (State or county) | Other Cantributary Causes of importanca: |
| œ | 13. NAME AS ANELY WYS haram | <i>y</i> |
| FATHER | Alel a blace Al | Name of operation |
| FA | 14, BIRTHPLACE (city or town) (State or country) | What test confirmed diagnosis? Was there an au opsy? |
| IER | 15. MAIDEN NAME Wrthe Chamberlain | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| MOTHER | 16. BIRTHPLACE (city or fown) Terry ville (State or country) | Accident, suicide, or homicide? |
| 17. | INFORMANT Sidney Is y Chigray | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, |
| 18. | Place Strugg Date Feb. 22, 1934 | Manner of injury |
| 19. | UNDERTAKER LECU CALLERSON (Address) Persylvenia Ma. | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. | FILED 2/2/, 19 By & Franchers. Registrar. | (Signed) M. D. (Address) August By Agent August D. |
| | If we have the large to the second | N. C. J. C. J. P. L. |

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